DECLARATION FOR "371" APPLICATION

COMBINED DECLAR	PF4390	PF4390							
APPLICATION WITH POWER OF ATTORNEY					d Inventor: ise Jeanne				
•				GELLI					
				O. C.C.	DEXX				
() Declaration submitted with initial	filing or				e if known:				
· · · · · · · · · · · · · · · · · · ·				App No.	:				
() Declaration submitted after initial	ming (surcharge re	quired 3 /Cr K1.10(e))							
				Filing D	ate				
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				<u> </u>					
As below named	inventor. I hereb	y declare that:							
My residence, post office	address and citiz	enship are as stated belo	w next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
THIAZOLE COMPOUNDS AS TGF-BETA INHIBITORS									
the specification of which (check only one item below):									
[]is attached hereto. OR									
[x] was filed on 31 January 2002 as United States application Serial No or PCT International									
Application Number *P(applicable)	CT/EP02/00991	filed_and was amended	on (MM/DD/YYYY)	·	_(if				
I hereby state that I have as amended by any amend			the above-identified specificatio	n, includin	g the claims,				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.									
I hereby claim foreign priority ben	afita undaz 25 I I	5 C 8110 (a) (d) as 626	(5/h) of any foreign annications	(c) for pate					
inventor's certificate or 365(a) of a									
States of America, listed below an	d have also identi	fied below, by checking	the box, any foreign application	a for patent	or inventor's				
certificate or of any PCT internation	onal application h	aving a filing date before	re that of the application on which	:h priority	is claimed:				
PRIOR FOREIGN AND ANY P									
Prior Foreign Application		Country	Foreign Filing Date		PRIORITY CLAIMED				
Number (s) 1. 0102673.1	CDEAT PRITAIN		(MM/DD/YYYY)) 2 February 2001		X				
2.	GREAT BRITAIN		2 1 201 0.11 2.001						
3.									
4.									
5.									
I hereby claim the benefit under Title 35, United States Code \$119(e) of any United States provisional application(s) listed below:									
Application No. Filing Date (MM/DD/YYYY)									
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2.									
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	I hereby claim the t States of America (or PCT international is material to pater PCT international f	penefit under 35, U.S hat is listed below an all application in the r stability as defined in lling date of this app	.C. §120 of any United d. insofar as the subject manner provided by the 37 C.F.R. §1.56 which lication:	States application or §1 matter of each of the c first paragraph of 35 t became available betw	365(c) of any PCT in laims of this applica J.S.C. §112, I acknowed the filing date of	ternational a	pplication designating the United sclosed in the prior United States uty to disclose information which plication(s) and the national or	
PRIO	R U.S. PARENT	APPLICATION	or PCT PARENT	TAPPLICATION	1			
LLC Devent Application a post					STATUS (Check one)			
U.S. Parent Application or PCT Parent Number		PC I Parent	Parent Filing Date (MM/DD/YYYY)		PATENTED	PEND	DING ABANDONED	
						 		
p. 00000	R OF ATTORNEY te this application a or Number 23347 a	וום נס נושוסמבו שוו ט	usiness in the Patent :	nt the practitioners a and Trademark Office	ssociated with the se connected there	Customer N with	Numbers provided below to	
Address all correspondence and telephone calls to Customer Number 20462						Direct Telephone Calls to:		
						Nora Stein-Fernundez 610 270 5044		
made a	re punishable by f	ine or imprisonm	ese statements were tent, or both, under at issuing thereon.	made with the kno	nwiedoe that wil	lful falen e	le on information and belief tatements and the like so atoments may jeopardize	
2	OF INVENTOR INVENTOR'S		nne Cettaris	<u></u>				
	SIGNATURE					Date July 2003		
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1	POST OFFICE ADDRESS	FOST OFFICE ADDRI GlaxoSmithKi 709 Swedeland	ine 1 Road	King of Prussia		STATE & ZIP CODECOUNTRY Pennsylvania 19406, US		
2	FULL NAME OF INVENTOR	first, second and	FAMILY NAME					
	INVENTOR'S SIGNATURE	Signature Date:						
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2	POST OFFICE ADDRESS	POST OFFICE ADDRE	<u></u>	CITY		STATE 4 ZIF	CODE/COUNTRY	
2	FULL NAME OF INVENTOR	First, second and	FAMILY NAME					
	INVENTOR'S SIGNATURE	Signature				Dare		
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3	POST OFFICE ADDRESS	POST OFFICE ADDRE	SN	CITY		NS & STATE	CODE/COUNTRY	
2	FULL NAME OF INVENTOR	First, Second and	Family Name					
	INVENTOR'S SIGNATURE	Signature				Date:		
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4	POST OFFICE ADDRESS	POST OFFICE ADDRE	55	CITY		STATE & ZIP	CODECOUNTRY	
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